STATEMENT OF

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FORM 1		ORGANIZATION							0	ffico Llo	o Only		
NAME OF COMMITTEE (in	(Check if name Example:If typing, type is changed) over the lines.						Office Use Only 12FE4M5						
SEIU COPE	(Service	e Emplo	yees Inte	ernatio	nal Uni	on Con	nmitte	ee O	n Po	olitic	al Ed	luca	tion)
ADDRESS (number and street)		1800 Massachusetts Ave NW											
			1 1 1 1	1 1 1 1		1 1 1 1	1 1	1 1		1 1	1 1	1 1	, , I
		Washington		DC 20036 STATE ▲ ZIP CODE ▲									
COMMITTEE'S E-MA	AL ADDRES	SS											
(Check if address is changed)		treas@se											
		Optional Se	econd E-Mail	Address	1 1 1	1 1 1 1	1 1	1 1		1 1	1 1	1 1	
【 【 (Check if a is changed		http://www.s	seiu.org										
2. DATE 05	5 29		014										
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C000040	36								
4. IS THIS STATEM	MENT	NEW (N	N) OR	×	AME	NDED (A)							
I certify that I have e	examined thi	s Statement	and to the b	est of my	knowledge	and belief	it is tru	e, corre	ect and	d comp	lete.		
Type or Print Name of	of Treasurer	Michael P.	Fishman										
Signature of Treasure	er Michae ———	el P. Fishman			[Electronic	ally Filed]	Date	М	05	29		y y 201	ү ү 4
NOTE: Submission of			nplete informat E IN INFORM	-		_	_			penalt	es of 2	U.S.C.	§437g.
Office Use			Federal Ele	r information ection Commis 00-424-9530						_			

Local 202-694-1100